

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brenda H. Medrano
1810 South Miami Ave.
Marshall, MD. 65340
13CV989-DW #13

2. Article Number

(Transfer from service label)

7013 1710 0000 5617 7381

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Brenda Medrano

C. Date of Delivery

4/15/06

D. Is delivery address different from the address on the label? ☐ Yes

If YES, enter delivery address below: ☒ No *APD*

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes